Course Description:

Students may carry out independent studies or projects related to the theory or practice of nursing, under the direction of a faculty facilitator. Students are encouraged to systematically identify, plan, execute and evaluate a learning project that is relevant to nursing practice.

Objective:

To independently identify, plan, execute and evaluate a learning project within the discipline of nursing which is not currently a focus of the BScN Program.

Definition:

Self-directed learning is a systematic process by which a learner identifies a project, designs a plan, carries it out and evaluates the outcomes.

Format:

This is a 3 credit course.

Guidelines for Individual Learners:

Although this is a self-directed, individualized course, there is a need to complete a learning contract using the following guidelines.

A. Fully Structured Guidelines

The student must follow the steps as outlined:

1. Students meet with their faculty advisor to discuss the merits of individual study for this particular student and review potential faculty mentors for content area.

2. Select a faculty member to be a course mentor, preferably someone who is a content specialist in the student’s chosen area of study.

3. With the completion of a learning plan with a faculty mentor, the student will develop goals, objectives, and evaluation requirements for the course.
4. *If a clinical placement is desired:* liaise with the faculty course mentor regarding the requirements necessary for clinical experience in accordance with procedures designated by the agency and the school in conjunction with the Clinical Coordinator.

5. *If a clinical placement is desired:* have an identified resource person in the clinical area that can assist with evaluation.

6. Submit a copy of the Learning Plan to Undergraduate Curriculum Committee for recording/registry (See pg. 9).

7. The student will contact the Associate Director, Student Affairs for registration approval.

8. Register for the course in accordance with university and School of Nursing guidelines.

9. Submit the Time-Flow Sheet and Individual Learning Contract at week #2 of the course.

10. Submit a self-directed course evaluation to the course mentor at the end of the term.

**B. Semi-Structured Guidelines**

*These are required, but the method by which they are fulfilled is the responsibility of the student.*

1. A contract is required and must be signed by the student and the faculty course mentor. The type of contract may be individualized between the student and course mentor as need dictates.

2. It is expected that students will be familiar with principles of Adult Learning and Self-Directed Learning.

**C. Unstructured Guidelines**

The student may make decisions independently about the following:

1. Choices re: topic and clinical placement (if desired, and where possible).

2. Choices of faculty course mentor, although this must be mutually agreed upon.

3. Choice of resource person for clinical placement (if desired, and where possible).

4. Type and variety of human and material resources needed during the project.
5. Duration of the project within the term, and number of clinical hours required.

6. How fulfillment of the contract is demonstrated.

**OBJECTIVES & PROCESS**

The Student will:

- Design a working contract:
  - identify learning needs
  - formulate objectives that address learning needs
  - develop activities that meet the objectives
- Help to organize, with faculty course mentor, their own clinical experiences, if desired
- Identify a resource person in the clinical area as appropriate
- Follow the established objectives and complete tasks as outlined
- Negotiate evaluation methods and grade distribution
- Negotiate methods of self evaluation with the faculty course mentor
- Apply concepts from nursing courses taken to date and include cultural considerations, community and health care needs of today’s population

The Faculty Course mentor will:

- Review learning objectives, activities and evaluation methods (contract)
- Critique and revise learning contracts as necessary
- Advise the student re: all aspects of the project
- Assign the final grade
- Submit grades in accordance with university and school policy

**Consultation**

Students are invited to meet individually with the faculty course mentor as needed, at mutually agreed upon times. Setting up a telephone or personal interview time for every 2nd week is often helpful and suggested in order to accommodate schedules and avoid conflicts.

**Some Examples of Learning Activities**

- Journal article review
- Written paper
- Presentation
- Clinical experience
- Publication of manuscript
**STEPS TO CONTRACTING**

1. Select an area of interest and from that, formulate a topic for study.

2. Investigate the area:
   - Scan the literature
   - Discuss with your course mentor
   - Decide on specifics

3. Formulate objectives – make sure that these are specific and measurable so that they may become a basis for evaluation.

4. Identify learning resources that will help you meet each objective.

5. Decide how you will evaluate whether or not you have met the objective.

6. Devise a contract – use the form on the next page as a guide or design your own. After completed, obtain signatures from yourself and faculty course mentor (Ex: page 4 of contract), duplicate and submit to faculty course mentor.

7. Build an evaluation form for yourself and your course mentor. You can use the form included in this document if desired.

8. Discuss a contingency plan with your course mentor in the event that areas of the contract are unable to be fulfilled due to unforeseen circumstances.

9. Proceed with fulfilling the contract for learning. Seek guidance from course mentor and other resource personnel as needed.
N4330 – INDIVIDUAL LEARNING CONTRACT
(Example)
Page 1

Name: ________________________________________________________________

Program: ______________________________________________________________

Area of Interest:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Rationale for Choice:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Course mentor – Name & Position: __________________________________________

Please list any additional resource persons, if any: ________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If a clinical practice component is desired, list your agency of choice and experiences
you plan to participate in while there:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Learning Objectives

(these can be listed here or included in table format as presented on page 9)

General

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Specific

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If Clinical Experience Chosen, Proposed Hours

Minimum: _____________________________________________________________

Maximum: _____________________________________________________________

Tasks for Meeting Learning Objectives

(these can be listed here or included in table format as presented on page 9)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Evaluation Methods

(These can be listed here or included in table format as presented on page 9)

Self
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Course mentor
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Proposed Grading Scheme
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Contingency Plan
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Agreement

I hereby agree to fulfill all the course requisites and this contract, included the above stated contingency should the need for it arise.

Student: _______________________________________________________________

Date: __________________________________________________________________

Faculty Course mentor:

_____________________________________________________________________

Date: __________________________________________________________________
N4330 Self Directed Learning Plan

FOR SUBMISSION TO UNDER GRADUATE CURRICULUM COMMITTEE

Student Name: _______________________________ Banner: _________________________

Email: _______________________________

Faculty Mentor: _____________________________ Phone: _________________________

Email: _______________________________

Course Dates: _____________________________ UCC Submission Date: _____________

Brief Overview of Self-Directed Course: (include goals, objectives and evaluative criteria)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**If a clinical component is required:

Clinical Agency: _________________________ Preceptor: _________________________

Preceptor Contact Information______________________________________________
N4330 – Example of Learning Activities, Table Format

<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Resources/Strategies</th>
<th>Evidence of Achievement</th>
<th>Target Date</th>
<th>Criteria for Evaluation</th>
</tr>
</thead>
</table>


SELF-DIRECTED LEARNING REPORT PAPER

The decision regarding whether or not to complete this paper should be discussed with the faculty course mentor. The paper should be limited to five typed pages in addition to a cover page and should include an appropriate reference list. This may be handed in at the completion of the course.

Elements of the Report Paper

Introduction – include:

- Topic and purpose of study
- Why clinical experience chosen, if applicable

Literature and Discussion

- Overview of current literature on the topic of choice
- Address why self-directed learning was appropriate
- Address reason for chosen area of interest

Summary and Conclusion

References
TIME FLOW SHEET
(Example)

Purpose:

The following example is one way that you may choose to record your hours. It may also assist you in governing your time.

<table>
<thead>
<tr>
<th>Week</th>
<th>Self-Study</th>
<th>Formal Learning Activities (classes, conferences)</th>
<th>Clinical</th>
<th>Consults</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You may also wish to include time spent creating your objectives/contract.
N4330 - SELF-DIRECTED LEARNING COURSE EVALUATION

Name: _______________________________ Date: ________________

1. Was the contract completed as written?
   □ Yes □ No

   Comments:

2. Was it necessary to add or delete from the contract?
   □ Yes □ No

   Comments:

3. Did meaningful learning take place as a result of this project?
   □ Yes □ No

   Comments:

4. Did you enjoy this learning experience?
   □ Yes □ No

   Comments:
5. What were some of the key motivators that you discovered while participating in self-directed learning?

6. What were some of the stressors that you noted while doing this self-directed project?

7. Did the time you spent participating in this project differ from the time needed for other courses?
   - □ More  □ Less  □ Same
   Comments:

8. Do you feel that the time you spent on this project was worthwhile?
   - □ Yes  □ No
   Comments:
9. From your Time Flow Sheet, give approximate number of hours doing the following:

Self-Study:
Contract Development:
Consultation:
Planning:
Clinical:

10. Based on your experiences, what support systems should be available to the independent learner?

11. What personal characteristics do you see as desirable for independent learners?

12. Were your expectations of your course mentor fulfilled?

13. Suggestions for how this course could be improved:
REFERENCES


